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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/670 723

Total Fee Calculation

Fee Code	Fee Description	Number of Claims	Fee	Total
1000	Basic Filing Fee			
1000	Basic Filing Fee		690	690
1000	Basic Filing Fee	89	69	1242
1000	Basic Filing Fee	4	1	78
1000	Basic Filing Fee			
1000	Basic Filing Fee			
1000	Basic Filing Fee		130	130
1000	Basic Filing Fee			
TOTAL FEE CALCULATION				2140

Fees due upon filing the application:

Filing Fees Due = \$ 2140.00

Less Filing Fees Submitted = \$ ✓

BALANCE DUE = \$ 2140.00

J. Antes
Office of Initial Patent Examination

Figure 7

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/21/01</u>		2 Serial/Patent # <u>09/670,783</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ <u>1388</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>1388</u>
10 REASON:		8 TO BE REFUNDED BY:		
		<input checked="" type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 03--2640		
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Tanya Clark</u>		TITLE: <u>Lead</u>		
SIGNATURE: <u>Tanya Clark</u>		PHONE: _____		
OFFICE: <u>OTPE</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

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